

Amount

## State of South Carolina Contribution Expenditure Report

2022-19. This form must be submitted to the state agency that is providing the contribution to the designation organization at the end of year quarter and by June 30, 2024. This form is designed to collect the quarterly and annual expenditure reports required by South Carolina in accordance with Proviso 117.21 of the appropriations act and Executive Order

J020 - Department of	State Ager	THE REAL PROPERTY.
J020 - Department of Health and Human Services	cy Providing the Contribution	The Control of the Co
ces	tion	Contribu
		ition Information
	Purpos	

	Organization Information
Entity Name	Turbeville Children's Home
Address	5232 W Turbeville Hwy (P.O.Box 229)
City/State/Zip	Turbeville, SC 29162
Website	https://www.falconchildrenshome.org/turbeville-childrens-
Tax ID#	56-0582024
Entity Type	Nonprofit Organization

Reporting Period Quarter 3: January 1, 2024 - March 31, 2024

Reporting Period

	Organization Contact Information
Name	Tim Moore
Position/Title	Executive Director
Telephone	843-659-2880
Email	tmoore@fchfs.org

\$0.00	\$0.00 \$100,000.00	\$0.00	\$42,880.00	\$29,435.00	\$27,685.00	Grand Total \$100,000.00	Grand Total
\$0.00	\$0.00						
\$0,00	\$0.00						
\$0.00	\$0.00						
\$0.00	\$0.00						
\$0.00	\$0.00						
\$0.00	\$0.00						
-\$2,880.00	\$42,880.00		\$42,880.00			\$40,000.00	Security Cameras for campus (partial bill claimed of \$52,342.06)
\$565.00	\$29,435.00			\$29,435.00		\$30,000.00	Purchase 2018 Ford Transit Van VIN# 1FBZX2YM5JKB06444
\$2,315.00	\$27,685.00				\$27,685.00	\$30,000.00	Purchase of 2015 Ford Transit Van VIN# 1FBZX2ZM3FKB22728
Balance	Total	Quarter 4	Quarter 3	Quarter 2	Quarter 1	Budget	(Attach additional detail for subgrantees and affiliated nonprofits)
			Expenditures				Description
		CONTRACTOR OF		n spent:	unds have bee	Accounting of how the funds have been	Accounti

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year):

## Expenditure Certification

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.

Signature
Timothy R. Moore

Printed Name

Executive Director, TCH

10-Apr-24

Date